



Human Resources
City Hall
609 West Navajo Street
West Lafayette, Indiana 47906-1995
Phone: 765-775-5108
Fax: 765-775-5248
www.city.west-lafayette.in.us

APPLICATION FOR EMPLOYMENT
An Equal Opportunity/Affirmative Action Employer
Only completed applications will be accepted.

Date of Application _____

PLEASE WRITE OR PRINT LEGIBLY

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (____) _____ - _____ Best time to call at home: _____

Social Security/ID.# _____ (Your Social Security Number is requested to facilitate record keeping. You have the right to refuse to provide this number on this form without penalty)

For what position are you applying? _____ Date Available: _____

Have you read the job description for this position? Yes ☐ No ☐

Do you have the ability to perform the essential job-related functions, with or without reasonable accommodations, of the position that you are applying for? Yes ☐ No ☐

Are you over 18 years of age? Yes ☐ No ☐

If employed and you are under the age of 18, can you furnish a work permit? Yes ☐ No ☐

(Federal law prohibits discrimination on the basis of age with respect to individuals who are 40 years of age and over.)

Are you able to furnish proof of U.S. Citizenship or the right to work under the Immigration Reform and Control Act of 1986? Yes ☐ No ☐

Driver's license number and State, if applicable to position.

State: _____ Number: _____ Expiration Date : _____

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

EMPLOYMENT EXPERIENCE

May we contact your present employer?

Yes ☐ No ☐

Are you on lay-off and subject to recall?

Yes ☐ No ☐

Starting with your present or last job, please indicate your employment history. Also include both your military service assignments and volunteer activities. Attach a separate sheet if you need more space.

1. _____ Employer	(____)_____ Telephone
_____ Address	
_____ Job Title	Dates from: _____ to: _____
_____ Summarize nature of work performed and job responsibilities	
_____ Immediate Supervisor and Title	
_____ Reason for Leaving	
May we contact for reference ? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

2. _____ Employer	(____)_____ Telephone
_____ Address	
_____ Job Title	Dates from: _____ to: _____
_____ Summarize nature of work performed and job responsibilities	
_____ Immediate Supervisor and Title	
_____ Reason for Leaving	
May we contact for reference ? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

3. _____ (____) _____
Employer Telephone

Address

Job Title

Dates from: _____ to: _____

Summarize nature of work performed and job responsibilities

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference ? Yes ☐ No ☐ Later ☐

4. _____ (____) _____
Employer Telephone

Address

Job Title

Dates from: _____ to: _____

Summarize nature of work performed and job responsibilities

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference ? Yes ☐ No ☐ Later ☐

5. _____ (____) _____
Employer Telephone

Address

Job Title

Dates from: _____ to: _____

Summarize nature of work performed and job responsibilities

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference? Yes ☐ No ☐ Later ☐

BACKGROUND

Education

a.) List the last three (3) schools you attended, starting with the most recent. b.) List number of years completed.
c.) Indicate degree or diploma earned, if any, and d) Major field of study.

a. School /location	b. No. Years Completed	c. Degree/ Diploma	d. Major Field
1. _____			
2. _____			
3. _____			

Skills

List any job-related or specialized skills such as language fluency which you possess and indicate how/where you acquired them.

Accomplishments

List any special accomplishments, publications, awards (Exclude organizations which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Associations

List professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices held

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If unavailable, list three school/ personal references not related to you.

Name	Telephone	Years Known
1.		
2.		
3.		

Do you have any relatives who are employed in a supervisory capacity by the City of West Lafayette?

Yes ☐ Who? _____ No ☐

APPLICATION AGREEMENT

It is understood and agreed upon that any misrepresentation by me in this application will result in cancellation of this application and separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand and agree that in compliance with the City's drug and alcohol testing policy for employees, I may be asked to submit to random alcohol and/or illegal drug testing prior to starting my employment with the City and/or during the course of my employment. I also understand that positive test results may have an adverse affect on my employment with the City in accordance with the City's Drug Testing Policy. If I accept employment with the City of West Lafayette, I am also accepting all personnel policies.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, subject to the requirements of federal and state law. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant indicating acceptance and understanding

Date

We ask that you complete the voluntary Affirmative Action Information Sheet on the enclosed separate page for our records. *It is not mandatory that you do so.* Whether or not you complete the questionnaire, please put it into the attached envelope and seal the envelope. This information will not be used in any way to influence the decision in regard to your potential employment.

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